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Application Number	10/756445
Filing Date	1/13/2004
First Named Inventor	M. Mary Sinnott, et al.
Art Unit	
Examiner Name	
Attorney Docket Number	MED-10 DIV

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 44270☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name T. Wade Fallin

Signature 

Date

MAR 19 2007

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 1/1 forms are submitted.

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